

Reinstatement/Subsequent Employment Record

Instructions to Personnel Officer: The hiring agency's Personnel Officer oversees the completion of this form for an employee being rehired within one year from date of resignation. After this form is completed, forward a copy to the Retirement Systems, give a copy to the employee and place the original in the employee's personnel record. See AM-213-1, Part I and II.

Instructions to the Employee: Fill in the information below to the best of your ability. Please check any prior employment records that you may have before giving this form to your new Personnel Officer. The Personnel Officer will verify your information and tell you where there is disagreement. You must make a written request within 18 months to appeal the Personnel Officer's findings.

To Be Completed by Employee

Employee's Full Name: _____

Social Security #: _____

Original Entry Date: ____/____/____ Effective Date of Resignation: ____/____/____

Former City Agency: _____

Last Job Classification: _____

Grade/Level: _____/_____ Note: You will be eligible for a step/level movement after 18 months.

Salary: _____ Longevity Increment(s) (based on years of service): _____

Sick Leave Balance (that was not converted to cash): _____

Prior Vacation Accrual Rate: _____

Employee's Signature: _____ Date: _____

To Be Completed by Personnel Officer and Central Payroll

Date of Reentry: ____/____/____

Adjusted Entry Date: ____/____/____ (Basis for determining vacation leave accrual & longevity based salary increments)

New Class Number: _____ New Job Title: _____

New Grade: _____ New Salary / Step: _____/_____

Restored Longevity Increment(s) based on years of service (circle): L1 L2 L3 L4 M1 M2 M3 M4

Restored Sick Leave (50% of prior sick leave balance): _____

New Vacation Accrual Rate: _____

Signature of Central Payroll Supervisor/Manager: _____ Date: _____

Signature of Agency Personnel Officer: _____ Date: _____